

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS**
*Application*Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/824,375
Filing Date	April 15, 2004
First Named Inventor	Pfeffer-Slobodinsky
Art Unit	1618
Examiner Name	Jake Minh Vu
Attorney Docket Number	81843-4099

Please change the Correspondence Address for the above-identified patent application to:

☒ The address associated with
Customer Number:

28765

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or agent of record. Registration Number 30,256
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Signature

Typed or Printed
Name

Allan A. Fanucci

Date

June 19, 2007

Telephone

202-282-5720

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☒ *Total of 1 forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Ariel S. Pfeffer-Slobodinsky

Confirmation no. To Be Assigned

Application No.: To Be Assigned

Group Art Unit: To Be Assigned

Filing Date: To Be Assigned

Examiner: To Be Assigned

For: **EMULSION TO PRESERVE KEEN EDGE
OF A UTENSIL**

Attorney Docket No.: 81843-4099

**POWER OF ATTORNEY BY OWNER
AND EXCLUSION OF INVENTOR(S) UNDER 37 C.F.R. 3.71**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Sir:

The undersigned assignee of the entire interest in the above-identified subject application hereby appoints Allan A. Fanucci (Reg. No. 30,256), Daniel J. Hulseberg (Reg. No. 36,554), and Jeffrey A. Wolfson (Reg. No. 42,234) of WINSTON & STRAWN LLP (Customer No. 28765) to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith.

Please direct all correspondence for this application to Customer No. 28765 to the attention of the Patent Department (telephone 202-371-5904, facsimile 202-371-5950).

An assignment of the entire interest in the above-identified subject application:

- ☐ is submitted herewith for recording and a copy is attached.
☐ was submitted for recordation on _____ and a copy is attached.
☐ was recorded on _____ at Reel _____, Frame _____.

The undersigned has reviewed this assignment and, to the best of his/her knowledge, title is in the assignee seeking to take action in this application and that he/she is empowered to act on its behalf.

Signature: _____



Date of Signature: _____

APRIL 6, 2004

Typed Name: _____

Ariel S. Pfeffer-Slobodinsky

Address: _____

Rua Salvador Cardoso, 218 - ap. 71, 04533-050 - São Paulo, BRAZIL